

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Care Providers of Minnesota, Inc.

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 2850 Metro Drive, Suite 200, Bloomington, MN 55425-1421

**Name of Agent Designated to Receive
Notification of Claimed Infringement:** Jeffrey C. Brown, Esq.

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):
Halleland Lewis Nilan Sipkins & Johnson, 220 South Sixth Street, Suite 600
Minneapolis, MN 55402-4501

Telephone Number of Designated Agent: (612) 338-1838 Ext. 142

Facsimile Number of Designated Agent: (612) 338-7858

Email Address of Designated Agent: jbrown@hlnsj.com

Signature of Officer or Representative of the Designating Service Provider:

Date: 7/7/99

Typed or Printed Name and Title: Rick E. Carter, President

**Note: This Interim Designation Must be Accompanied by a \$20 Filing Fee
Made Payable to the Register of Copyrights.**

RECEIVED

JUL 14 1999

COPYRIGHT OFFICE

106229602



106229602